



Work Order ID 96030

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96030

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Item ID:	D3867-1	Accept	*N900040100*	Setup	Start	*NS1*	
Revision ID:							
Item Name:	Connector Plate					*NS2*	
Start Date:	1/17/13	Start Qty:	4.00	*4*	Cust Item ID:		
Required Date:	1/17/13	Req'd Qty:	4.00	*4*	Customer:		
Reference:	scrap ECN13-511						
Approvals:	Process Plan: <i>E1</i>	Date:	Tooling:	Date:	Run	Start	*NR1*
	QC:	Date:	SPC (Y/N):	Date:	Stop		*NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D3867	B	0.00							<i>4X</i>
155		0.00							<i>1/3/05/01</i>
155 Small Fab	Memo	0.00							
Small Fab	PULL FROM STK: 4 X D3867-1 B56888 SCRAP PER ECN13-511								
160	QC21- Final Inspection - Work Order Release	0.00							<i>13/5/13 DJ</i>
160 QC	Memo	0.00							
Quality Control									

AB-052



NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS						
Part No. _____	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
NCR No. _____	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
Work Order Update <input type="checkbox"/>							Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear				General							
				Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>			
Centre Not Concentric to O/S				BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>				
Cracks <input type="checkbox"/>				Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>				
Crushed/Crimped. <input type="checkbox"/>				Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>				
Cuffs <input type="checkbox"/>				Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>					
Heat Treat <input type="checkbox"/>				Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>					
Inspection Strip in Tube <input type="checkbox"/>				Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>					
Ripples in Bend <input type="checkbox"/>				Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>		Other <input type="checkbox"/>				
Torque Waves in Extrusion <input type="checkbox"/>				Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>						
Turning Sequence <input type="checkbox"/>				Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>						
Wave/Twist in Tube <input type="checkbox"/>				Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>						



Ficklist Print

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Work Order ID: 96030

Parent Item: D3867-1

Parent Item Name: Connector Plate

Start Date: 1/17/13

Required Date: 1/17/13

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP Rev:A 09-01-09 new issue DD verified by:EC
DWG REV.B DD VERF:JLM

IPP REV:B 13.01.15 AS PER

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D3867-1 Connector Plate		Manufactured	No				Each	0.0000		4		BB/05/01	

B 56888
4K

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
Part No. _____	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
NCR No. _____	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>					
	Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
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Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear				General						
				Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>		
				BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>			
				Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>			
				Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>			
				Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>				
				Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>				
				Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>				
				Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>					
				Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>					
				Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>					
				Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>					
<input type="checkbox"/> Other										